College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY CLOSURE

Form 4

1. INFORMATION OF CLOSING PHARMACY

Operating Name and Store #/Identifier (if applicable)	Pharmacy Licence Number	Closing Date MMM | DD | YYYY
Pharmacy Address	**City**	**Province** BC / **Postal Code**
Email Address	**Phone Number**	**Fax Number**

PHARMACY MANAGER

Manager Name	Registration Number (BC)

☐ I have read and understand my duties and responsibilities for closing my pharmacy described in section 18(2)(t) of the *PODSA* Bylaws.

Signature of Pharmacy Manager	Sign Date MMM | DD | YYYY

DIRECT OWNER

Name of Authorized Representative	Position/Title of Authorized Representative

☐ I have read and understand my duties and responsibilities for closing my pharmacy described in section 18(8)(d) of the *PODSA* Bylaws.

Signature of Authorized Representative	Sign Date MMM | DD | YYYY

The first half of the following section must be completed by the closing pharmacy. If more than one receiving pharmacy is involved, complete a separate form for each receiving pharmacy to indicate the items that will be transferred to the receiving pharmacy.

2. INFORMATION OF RECEIVING PHARMACY

Operating Name and Store #/Identifier (if applicable) ☐ Community ☐ Hospital ☐ Other: _____	Manager Name

Pharmacy Address	City	Province BC / Postal Code
Email Address	**Phone Number**	**Fax Number**

Items that will be transferred to the receiving pharmacy

☐ Prescription drugs (including controlled drug substances)
☐ Non-prescription drugs (including exempted codeine products)
☐ Medical devices
☐ Patient medication records and prescription records

The subsection below can be completed and submitted later by the receiving pharmacy manager upon receipt of the items.

☐ I have received all the items checked above on (received date): _____.

☐ I have faxed a copy of the inventory of narcotics, controlled drugs, targeted substances and benzodiazepines received to the College.

Manager Name	CPBC Registration Number
Signature of Manager from the Receiving Pharmacy	**Sign Date** MMM | DD | YYYY